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Exploring Disability Across Intersections of Gender and Sexuality in Bangladesh

Saad Adnan Khan and Farhana Alam

Abstract

This paper looks at the multiple ways disabled men and women navigate, negate and reinforce societal norms around sexuality and sexual desire. It draws insights from the one year scoping study titled 'Exploring sexuality of physically disabled people through photo narratives in Bangladesh' conducted by BRAC James P Grant School of Public Health, BRAC University, Dhaka. The study looked at how physically disabled individuals between the ages of 20 - 40 years positioned across rural and urban backgrounds, understood and expressed notions and expectations of love, romance and intimacy through photography. Participants took pictures to share their thoughts and narratives of sexuality and desire. Their voices in this paper are presented as case studies that shed light on the ways physically disabled individuals experience aspirations and hurt in matters of love and romance, insecurities in relation to sexual performance and the different ways they navigate these insecurities caused due to societal norms and expectations. Through everyday life experiences, and by representing their narratives the way they want to, participants were able to regain agency in varying degrees. The case studies highlight the importance and urgency of initiating discussions around disability in the field of Sexual and Reproductive Health and Rights (SRHR) in Bangladesh.

Keywords: Disability, Sexuality, Gender norms, Agency, SRHR, Bangladesh

Author Profile

Saad Adnan Khan is a PhD student in Gender, Women and Sexuality Studies at University of Washington. He worked as a senior researcher associate at BRAC James P Grant School of Public Health, BRAC University, Dhaka. He has written extensively on gender and sexuality issues in local and international newspapers, and has coordinated intersectional research and activist projects across different visual mediums on gender, sexuality, SRHR education, masculinity and disability, both locally and transnationally.

Farhana Alam is a coordinator at BRAC James P Grant School of Public Health, BRAC University, Dhaka. Her research interests lie in the areas of gender, sexuality and education. She coordinated a research project on SRHR education that looked at gaps and challenges adolescents experience while accessing SRHR education in secondary schools. The research findings helped develop educational materials to make SRHR education more effective and adolescent friendly.

Exploring Disability Across Intersections of Gender and Sexuality in Bangladesh

Saad Adnan Khan and Farhana Alam

Introduction

Bangladesh is home to an estimated 17 million adults with disabilities (Mahmud, Clarke, & Ploubidis, 2017, p. 1). The prevalence of disability in Bangladesh is believed to be high because of overpopulation, extreme poverty, illiteracy, child marriage and above all, lack of medical care and services. There are also indications of a correlation between malnutrition and disability (Tareque, Begum, & Saito, 2014). Despite their large numbers, disabled people experience exclusion and inaccessibility in the areas of education, health care, employment, income, social support, and civic participation. Social perception on disability is overwhelmingly characterized by stigma, ignorance, and impairment-based understanding. Disabled people are seen either as pitiable victims or as demonized villains. (Singh and Ghai, 2009)

When it comes to the sexual rights of disabled people, there is research work on sexual violence and intimate partner violence that disabled individuals (especially women) experience. In a cross-sectional study, 84 per cent of the 226 participants reported experiencing at least one act of violence from their partners during their lifetimes. Violence was in the form of emotional abuse (belittling their disabilities, not giving them new clothes, preventing them from having children, and so on), verbal abuse (name calling), physical (severe beatings, including slaps, kicks, punches, and so on), and sexual abuse (forced sex, etc.) (Hasan, Muhaddes, Camellia, Selim, & Rashid, 2014, p. 3111).

The research sheds light on the importance of documenting violence that married disabled individuals, particularly women experience. However, it is important to document the perceptions held by people with disabilities on love, romance, and intimacy outside the institution of marriage and outside heteronormativity. There is scant work that addresses how disabled individuals experience or want to experience sex and sexuality. This is not surprising as discussions around sex and sexuality are taboo in Bangladeshi culture, and often rife with confusion, paradoxes, and denial. An understanding of different material and affective resources for the disabled such as mental health support, information on sexual and reproductive health and rights (SRHR), disability support groups, and access to friendship and kinship networks is not yet part of public imagination. Addressing how disabled people experience or want to experience sexuality needs documenting to also understand the different SRHR needs of disabled people.

This paper used the findings of a scoping study titled, *Exploring sexuality of physically disabled people through photo-narratives in Bangladesh'* to address this gap in the existing literature. The study was conducted by BRAC James P Grant School of Public Health, BRAC University, in partnership with the Dutch disability organization Niketan, from September 2016 – December 2017, and was funded by a Share-net Small Grant. Participants were trained at a workshop and their perceptions of desire, intimacy, love and romance were collected through interviews and pictures. The study explored sexuality across the intersections of gender and class through photo-narratives of disabled individuals between the ages of 20

and 40 years. Through photo narratives, participants expressed stories of expectations, hurt, excitement and joy as experienced by them. Participants had different forms of disabilities such as spinal cord injury, cerebral palsy, post-polio syndrome, clubfoot and amputation. Their stories spoke of a range of experiences – embodied as well as mental constructs. The narratives shed light on how experiences of disability inform understandings around gender and sexuality in varied manners.

The photo-narratives were published as a book[1], with the aim of building awareness and advocacy on disability and sexuality among SRHR practitioners in Bangladesh. In this paper, we show how multiple embodiments and configurations of desire, romance and intimacy reinforce or negate societal norms of masculinity and femininity. Through these negotiations with everyday life and societal power relations, the participants' experiences and expressions of agency can be gleaned.

Bangladesh, like other South Asian societies, is largely patriarchal, where girls and boys are socialized into strict gender roles. Women's labor, access to market and income, personal ownership, body, sexuality and choice of marital partners are still dominated and determined by men. 'Culturally, women are expected to be dependent on men throughout their lives' (Karim, 2014), and 'maleness' is equated with virility and sexual performance (Bhasin, 2004, p. 35). 'Construction of female sexuality has been one of passivity and vulnerability [...] male sexuality has been conceptualized as (hetero)sexual, active, easily gratified and unbridled' (Allen, 2003, p. 218). Female sexuality is also perceived as both latent and in need of being enthused by a man, but also to be controlled (Jordal, Wijewardena, Ohman, Essen, & Olsson, 2015). In such a context, it is important to look at how disabled people experience notions of gender and sexuality, given the various ways they reinforce and negate gender and sexual norms.

There is an active non-government sector (NGO) and community based organization (CBO) sector in Bangladesh, a section of which works on the issue of disabilities. The main activities of these organizations include sensitization, treatment, primary rehabilitation therapy, education, vocational training, and income generation for persons with disabilities. However, very few organizations, if any, engage with the sexuality and SRHR needs of disabled people. This leaves disabled people among the most marginalized groups when it comes to SRHR information and services. A handful of disability organizations in Bangladesh—such as ADD International, Women with Disability Development Foundation (WDDF), Niketan and Turning Point Foundation Bangladesh—provide SRHR interventions for disabled people, through advocacy, training or hands on counseling. Some of these interventions are informal and piecemeal, yet to be mainstreamed.

The Persons with Disability Welfare Act, 2001 of the Government of Bangladesh listed out ten specific priority areas: disability prevention; identification; curative treatment; education; health care; rehabilitation employment; transport and communication; culture; social security and self-help organization. However, the Act does not mention SRHR. Disabled people and their specific sexual needs and desires are completely neglected in Bangladesh. The Government of Bangladesh in 2013 sanctioned a revised law—Rights and Protection of Persons with Disabilities Act, Act no. 39 of 2013—which brought hope in terms of talking

about rights, dignity, discrimination and participation of disabled people in public and private lives. However, the 2013 Act suffers from several weaknesses and fails to mention anything specific to SRHR[2].

The field of SRHR in Bangladesh is yet to take into account the lived realities of how disabled people experience or want to experience sex and sexuality and their specific emotional states and needs. Disabled people are often denied the means to express and experience sexuality on their own terms, and are infantilized. Families often prevent them from exploring their sexuality. As Shildrik (2007) observes,

> The concern of both social policy and law is to encompass the bodies of all within a governmental grasp, yet clearly some forms of corporeality exceed the limits of what is thinkable. It is as though their very being in the world mobilizes both an overt and an unspoken anxiety that takes the form alternatively of denying that sexual pleasure has any place in the lives of people with disabilities or of fetishizing it. (p. 53).

Knowing about SRHR and experiencing sexual agency is of paramount importance for disabled people so that they can make informed decisions about their bodies and sexuality. Disabled people 'have a right to receive information about sexuality. This can enable them to make decisions about their sexual lives, to achieve pleasurable experiences and to avoid unwanted and painful experiences' (CREA, 2008).

By bringing together sexuality and disability, one can rethink notions around sexuality. McRuer explains that instead of expecting disabled bodies to 'fit in,' there is a need to radically reimagine society. He writes that disabled people are rediscovering alternative ways of using the body, and by doing so, they are living with pride and self-esteem. 'Our duty as society is to listen to their experiences of pain and *pleasure* [Emphasis added].' (cited in CREA: 2008).

Looking at how disabled men and women experience and negotiate gender roles in day-to-day lives also helps understand how disabled identities and bodies transgress and transform norms of gender and sexuality. Inahara (2009) writes about the importance of engaging with the possibilities that such transgressions may hold. She points out, 'such a system would not only liberate disabled people but also able-bodied people, in that it would disrupt the assumption that ability is positioned in only one way and thus liberate people to explore their own abilities' (p. 60).

People with disabilities are viewed as exceptions to gender and sexual norms in society, and hence experience further exclusions and stigma. Disabled women are denied sexual agency, infantilized and over-protected, and not seen as individuals with the right to decide for themselves. Across socio-cultural realities of South Asian countries, 'sexuality is defined within the parameters of marriage' (Ghai, 2009, p .287) for women. As a result, disabled women,

> find themselves unable to express their sexuality, as marriage is denied to them. Besides, in a culture where any deviation from the norm is taken unkindly, the impaired body becomes a symbol of imperfection. The myth of the beautiful body that society and the

> market has created, define the impaired female body as unfeminine and unacceptable. (Ghai, 2009, pp. 287-288).

'Sexuality in relation to disability is a taboo subject and masculinity is strongly associated with physical action and the pursuit of sexual encounters' (Nolan 2013, p. 590), and hence disabled men are often not seen as 'complete men.' Aspects of gender and sexuality are intricately tied to the lives of disabled people, and play out in myriad ways. Often times these perpetuate the exclusions, stigma and silence they experience. Self-expression, experiencing sexuality and forging romantic relationships are seldom associated with disabled persons.

Methodology

A preliminary research was conducted at the beginning of the project to map out the work that has been done, or that was underway, around SRHR of disabled people in Bangladesh. Four in-depth interviews were conducted with practitioners from Center for Disability in Development (CDD)[3], Society for the Welfare of the Intellectually Disabled (SWID)[4], Bangladesh and Women with Disabilities Development Foundation (WDDF)[5], to explore and understand how these organizations addressed and worked around disability across intersections of gender and SRHR.

The preliminary research helped us design the outline and content for a three-day long workshop that was organized with physically disabled people in a village in Manikganj district. Eighteen individuals, men and women, between the ages of 17 and 35 years participated in the workshop. The workshop was designed to initiate dialogue around how the participants viewed and understood gender, body, love, sexuality and relationships. Discussions on how one experiences gender roles, perceives one's body, love, romance and relationships were conducted. The workshop was also a space to talk about disability, sexuality and photo-voice.

Photo-voice technique, was used for the participants to design, take pictures and share their own stories and opinions. Photo-voice technique helps empower individuals from marginalized communities, when they express their views in a creative manner. The photo-voice method also allows participants to be in control of their narratives and how they are shared. Photo-voice is an uncommon research method, especially in the field of disability studies, which is largely dominated by able-bodied researchers. By employing the participatory method of photo-voice, research participants had control over the way their narratives were produced and shared. Photo-narrative was employed as an important methodology that undid the power hierarchy between the researchers and research participants.

To inform participants about photo-voice, a professional photographer conducted sessions on photography. The participants were taught how to use digital cameras, compose photographs, and express themselves through photographs. Participants from the workshop were selected for preparing photo narratives based on their willingness to participate, and to ensure that a wider spectrum of experiences were included.

To understand how disability experiences varied based on socio-economic positioning, disabled individuals from urban Dhaka were also included. The participants were drawn

from both rural and urban, lower, middle and upper class socio-economic backgrounds. Participants were given cameras to document their daily lives, and were asked to visually depict understandings around love, intimacy and romance. They were asked some specific questions and did mind-mapping to design potential pictures like "Is there any place, person or thing you think of when you think of love and romance?" or "What comes to your mind when you think of sex, love and romance? How would you show it?"

The interviews were designed to capture multiple aspects and phases of the participant's identity and life. They included participants' childhood memories, growing up, relationship with friends and family, traumatic and empowering incidents around experiencing their disability, and their views, understandings and experiences around romance, love, sex, body, emotions and sexuality. Given the sensitive nature of the questions, the interviews were conducted over multiple visits, which allowed them to open up and talk about intimacy, love and sex. This allowed for the development of a detailed understanding of the participants' lives.

Case Stories

Disabled men and women experience oppression and exclusion in different ways, and across different intersections of gender and sexuality. A disabled woman from lower socio-economic background experiences further material exclusion based on her class position and inability to access material aids, such as medicine or crutches.

A physically disabled woman is also seen as someone who does not conform to a 'proper feminine look' or femininity. Physical 'deformity'—a bent leg, or a bent body, a bent back—is seen as unattractive, making the woman ineligible for dating or marriage. Disabled men experience oppression and exclusion in that they are seen as unable to perform masculine roles. They are assumed to not earn or provide for a family. It is also assumed that they cannot experience and express sexuality like non-disabled men. Thus men with disabilities are seen as 'less' manly. At the same time, marriage is sometimes regarded as a solution to a disabled man's emasculated status.

Shyma

Thirty-year-old Shyma has post-polio syndrome. She mentions that she earns and contributes to the family income, and takes care of her younger brother. Her family values her for the contribution she makes. Shyma is open to romance but does not want to get married. She does not trust men. She prefers casual relationships over committed long term relationship, because she is unsure about how her husband would treat her after marriage. She said, 'I don't want to get married. But I think it's important to have some kind of romance in life. I talk to my boyfriend through phone every night and after I hang up, I fantasize about him. I pretend my pillow as him and kiss it.'

She has never had a sexual relationship with anyone. She mentioned the cultural sanctions on having sex before or without marriage and said she also does not support having this kind of relationship without marriage. She feels that the main objective of relationship

is pleasure, but that it does not have to be sexual intercourse. Shyma says that she and her boyfriend have never seen each other and that this makes her relationship more interesting. However, during another interview, she confides that she thinks no man would want to marry her because of her disability.

Hosna

Twenty-three-year-old Hosna has a spinal cord injury as a result of a fall. Hosna is a very romantic person, and is in search of a partner who will understand her idea of romance. Even though Hosna does not have any feeling waist-down, she does not want to limit her possibilities for sex and sexuality. She wants to explore alternate ways of experiencing pleasure. She explains that her upper body is extra sensitive which she believes is because her other senses are heightened. Hosna thinks this will act as an advantage for her in terms of experiencing pleasure.

Hosna would prefer an able-bodied man as a life partner. She does not want to be with a disabled man because she thinks that that would make things more difficult for her. She wants to be with someone who can support her, and whom she can depend on. She thinks that a disabled man might be dependent on her, which is something that she does not want. She thinks that a wheelchair-bound man can get an able-bodied woman quite easily in Bangladesh. However, given the patriarchal nature of Bangladeshi society, it is quite ambitious for a disabled woman to expect to be with an able-bodied man.

Mili

Forty-year-old Mili, with post-polio syndrome, is an urban middle class disabled woman, who works as a program officer at a disability organization and has had sexual experiences. Mili said she had her first sexual experience with a former boyfriend. She mentioned that the experience was not pleasurable at all due to a lack of sensitivity and understanding from her boyfriend. Mili mentions that she has incontinence (loss of bladder control), and several sexual positions were both uncomfortable and impossible for her. The man she had sex with was not receptive to her needs and conditions. She mentioned that she was disappointed by her past sexual experiences because the man she was with did not take the time to learn about Mili's needs.

Mili thinks men need to learn about sex, before they actually have sex. She also says that there is not a lot of scope to learn about sex in Bangladesh because there is little communication on it. She learned about foreplay and sex from English novels, because of which she has several romantic expectations from men. Mili believes that disabled women should not go an extra mile in order to please their partner, but instead should be aware of their own needs and pleasures.

Nayeem

Twenty-four-year-old Nayeem has a spinal cord injury. Due to a rare case of arteriovenous malformation, Nayeem has been paralyzed waist below and has been on a wheelchair since the age of fifteen. He attends a private university, and is currently in a relationship with a girl in his

class. He has shared his physical limitations with her. He has to wear a catheter all the time, he cannot have an erection, he will not be able to move freely in bed, and he will need support. He told her he might never make her sexually happy. However, his girlfriend, echoing Nayeem's sentiments, thinks love transcends physical connections. It is also about emotional bonding and support. He opines that it is not merely sexual intercourse that counts as sex.

Redwan

Thirty-three-year-old Redwan has congenital band syndrome. He was born with clubfoot—a deformed leg. Chronic pain was a constant while growing up. He could not walk, run or play like other children. At the age of sixteen, Redwan decided to amputate his crooked leg and get a prosthetic leg. Redwan is currently single. However, for a few months, he dated a girl introduced to him by his parents with a view to arrange a marriage between them. She was the first girl Redwan had ever been with romantically. However, it did not work out. According to Redwan, the girl was 'controlling' and 'overbearing'. She constantly compared Redwan to able-bodied men. She made him watch pornographic movies, to set an example of how he should perform sexually after their marriage. She was insecure about whether he could perform sexually due to his disability. She made Redwan kiss her, and hold her. Redwan however grew uncomfortable and wary of this relationship. He broke it off and felt relieved after the break-up.

Romel

Forty-year-old Romel works in an organization that engages with the health and rights of disabled people. Romel was born without arms. As a teenager, Romel remembers that he had, what he describes, intense sexual desires. Since he did not have two arms, he often used his legs to masturbate. 'My legs are very flexible, and they can move quite up. If you ask me to pluck out a white hair from someone's head, I can do that too with my legs,' Romel states.

Romel does not think he lacks any quality, just because he does not have arms. It took him a long time to find a partner, as no one wanted his or her daughter to marry Romel. Since Romel does not have arms, people think he will be unable to protect his wife. Romel has been married for two years. Romel's wife takes care of him and helps him with day-to-day activities. Romel says he could not have continued working if it were not for her.

He does however think that he cannot always satisfy her sexually. He is unable to support his body properly or position himself optimally during sex. He thinks men who have arms have an advantage and are better at sex. Romel's wife, who supports his body during sex, has told him that he should not be upset about his disability and that she is satisfied with their sex life. Romel thinks women view disabled men differently than they view able-bodied men. They only see the disability, and overlook their individual identities, and instead feel sympathy or pity. This attitude can be debilitating for any disabled men, according to Romel.

Challenging or Conforming to Heteronormativity

These narratives uncovered diverse embodiments and experiences: on the one hand expressing and identifying with gender and sexual roles and on the other resisting norms and expectations.

The female participants did not necessarily subscribe to stereotypical image of a passive disabled woman. They formulated their sense of self, based on the ways they experienced desire, either inside or outside the institution of marriage. Male participants did not ascribe to the image of hegemonic masculinity, according to society. As a result, some felt empowered and sought alternative ways of expressing their masculinity, while others felt disempowered and vulnerable. All these experiences pointed to the importance of initiating these conversations in the field of SRHR.

Hosna experienced pleasure in a non-normative manner. As a result of her disability, her erogenous zones were in her upper body, and not in her lower body and thus she believed that sexual intercourse will not play a significant role in her life. In Hosna's experience, heteronormative penile vaginal intercourse as the most important or satisfactory form of pleasure, was displaced. This accounted for how the disabled subvert aspects of normative ways of engaging in sex, and the 'dominant heteronormative matrix in Bangladesh' (Karim, 2012). Hosna redefined sex and intimacy on her own terms. By acknowledging the way she wants to experience her body, she also materialized her body according to her agentic self, and expressed 'desire' that disabled women are usually denied.

Disabled women also feel stigmatized when they express their thoughts and feelings around desire and their sexual lives. By voicing her thoughts, and wanting to be with an able-bodied man, Hosna transgressed the socially accepted and expected image of a docile, voiceless disabled woman who does not know how to think for herself, and prioritize her own interests in making decisions for herself. She stated that she wants to be with an able-bodied man, and not a disabled man, because she does not want to be burdened by being with another disabled individual. She saw marriage as a way to a better future, where she will have a life partner who take cares of her. She affirms her dream of a secure future by verbalizing it and associates security with able-bodiedness, specifically masculine able-bodiedness. The life she had before her accident, and the way her life completely transformed after the accident, inform her perspective and the choices she wants to make in her life now.

Marriage is dealt with differently in Shyma's narrative, who said that she does not want to get married at all, and would rather continue to fantasize about the man she speaks with on the phone. She has never met him, but would like to continue their relationship over the phone. Shyma rejects the institution of marriage, and locates a present and future in her fantasy and imagination. She has also seen her friends being in bad marriages, because of which she feels uncertain about how much security marriage really provides, especially to disabled women. She does not want to be humiliated by being in an unhappy marriage.

Shyma negates the image of the dependent disabled women and locates the source of her empowerment in the fact that she is a working, independent woman. Shyma's agency is informed by both her public persona, and private vulnerable self. Through the work she does and the contributions to her family, she is able to compose a tough front. She does also want to find a life partner who would take care of her. It is through both Shyma's public persona, and private vulnerable self, that she configures how she wants to share her narrative. Shyma's story reveals that agency exists on a spectrum and not only on the poles of absolute empowerment or disempowerment.

Mili located the 'lack' and the 'problem' in able-bodied men, and not in her or in her disability. She traced her ideas of romance to her reading of English novels, which is reflective of her class positioning due to which she could access diverse ideas on sexuality. Mili spoke about sex and sexuality in both English and Bengali, which suggested her comfort level in talking about taboo issues, and the way she has curved an empowering space for herself. Mili's urban location, as opposed to a rural location, also gave her the space to navigate stigma and surveillance and mingle with men both in private and public spaces.

Male participants expressed anxieties and feelings of vulnerability in relation to their masculine image in public and private spheres. Able-bodiedness is understood as an integral element of masculinity. Disability, thus, causes stigma about and shame in men about their sexual performance and ability to provide for and protect their families.

Redwan was expected to perform sexually like the male actors, in the pornographic movies showed to him by his fiancé. His fiancé also wanted him to kiss her, and prove sexual capabilities, which is reflective of the sexual expectations from men. A lack of these qualities results in humiliation and insecurity. Romel also feels vulnerable and insecure as a disabled man, because he thinks that he cannot satisfy his wife sexually. Expectations of sexual performance and prowess emerged as sources of insecurity, incompleteness and loss of control.

Participants, however, also spoke of the ways they navigated and negated these societal expectations through caring relationships with family members and friends. Redwan had a supportive father who talked to him about sex and sexuality very frankly. Redwan, positioned as an upper class man in Bangladeshi society, receives marriage proposals. His parents were very protective of him, and were supportive when Redwan broke off his engagement with his fiancé. Redwan's socio-economic status staved off stigma, and also provided him with material securities that many disabled people do not have.

Nayeem on the other hand rejected normative ideals of masculinity that were sources of anxiety for Romel and Redwan. Nayeem finds confidence in alternative ways to express desire and love for his girlfriend. He believes that connecting emotionally is more important than matching up to some arbitrary notion of sexual prowess.

Nayeem's confidence stemmed from the positive relations he has fostered with his girlfriend and best friend. Nayeem's interview was conducted in the presence of his girlfriend and best friend at a cafe near his university. Nayeem insisted that the interview be conducted in her presence, even though he was informed that the questions would be intimate in nature. He felt comfortable talking about issues of sexuality and masculinity in the presence of other people in his life. Nayeem hence located his comfort in the relationships and kinship he has and nurtured so far with his friends. Nayeem's narrative transgresses norms of masculinity and he redefines masculinity for himself.

The narratives in this paper reflect on experiences of stigma, exclusion, and trauma, along with ways of navigating disempowering contexts. Participants located elements of support and empowerment in their own disabled subjectivity, the relations they have with friends and family members, in imagination and expressions of vulnerabilities, which in

turn speak to the possibilities of reconfiguring gender and sexuality norms and expectations through disability.

These narratives highlighted the emotional and material struggles, anxieties and insecurities that disabled individuals experience when it comes to matters of gender and sexuality. They also presented the multiple ways that disabled individuals navigate these struggles in their everyday life, through relying on their subjectivity, imagination and the relationships they have with others. At the core of the narratives, is not only a desire to be loved and wanted by others, but also an aspiration to be able to explore their sexuality. It is also important to account for the ways experiences varied between men and women, and across class. These experiences can contribute significantly to conversations on disability, sexuality, and SRHR in Bangladesh.

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End Notes

[1] Informed consent was obtained for using and publishing the photographs taken and shared during the workshop in the photo book. After consulting with some of the participants, their names were changed, and their identities were kept anonymous due to the sensitive nature of their narratives.

[2] SRHR -Several aspects of the Act need addressing, such as contradictions with the Labour Act 2006 of Bangladesh, which states that any person who becomes disabled due to workplace injury will be terminated from work, although the person will be entitled to full compensation. The Disabilities Act says that workplaces need to accommodate disabled individuals, and hence contradicts the Labour Act. Moreover, the Committees that are mandated under the Disabilities Act—and expected to work at the national, district and town levels—are yet to materialize.

[3] The Centre for Disability in Development (CDD) is a not for profit organization established in 1996 to develop a more inclusive society for persons with a disability. CDD works in partnership with a network of over 350 organizations both nationally and internationally. CDD's mission is to address this by simultaneously educating the community in how to be more inclusive whilst also enabling persons with a disability to participate in society by providing them with essential supports.

[4] Society for the Welfare of the Intellectually Disabled (SWID) -Bangladesh is an association of parents, relatives, professionals and social workers engaged in providing services to the intellectually disabled children.

[5] Society for the Welfare of the Intellectually Disabled (SWID) -Bangladesh is an association of parents, relatives, professionals and social workers engaged in providing services to the intellectually disabled children.

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